MILDMAY, BIRTH AND REBIRTH

A MIRACLE, AS LORD McCOLL SAYS IN HIS FOREWORD. A SMALL HOSPITAL IN THE EAST END OF LONDON, STARTED IN VICTORIAN TIMES AS A CHRISTIAN VENTURE TO BRING MEDICAL CARE TO THE VICTIMS OF A CHOLERA EPIDEMIC. TAKEN INTO THE NATIONAL HEALTH SERVICE AS A DISTRICT GENERAL HOSPITAL, THEN CLOSED IN THE 1980S UNDER GOVERNMENT EXPENDITURE CUTS.

REOPENED AFTER A REMARKABLE CAMPAIGN, AND NOW RECOGNISED THROUGHOUT THE WORLD AS A MODEL OF EXCELLENCE FOR THE TREATMENT OF PEOPLE WITH AIDS. THIS LITTLE BOOK TELLS THE FASCINATING STORY.

THE AUTHOR

DEREK TAYLOR-THOMPSON, CB WAS BORN IN 1927 AND EDUCATED AT ST. PETER'S SCHOOL, YORK AND BALLIOL COLLEGE, OXFORD. AFTER A CAREER IN THE CIVIL SERVICE, DURING WHICH HE WAS COMMISSIONER OF INLAND REVENUE AND CHAIRMAN OF THE FISCAL AFFAIRS COMMITTEE OF THE OECD, AND WAS APPOINTED A COMPANION OF THE ORDER OF THE BATH IN 1985, HE BECAME IN 1990 SECRETARY OF THE CHURCHES MAIN COMMITTEE. HE HAS WRITTEN HISTORIES OF A LONDON CHURCH AND A GIRLS' SCHOOL. MARRIED TO THE CHAIRMAN OF MILDMAY'S BOARD OF GOVERNORS, HE HAS BEEN ASSOCIATED WITH THE LIFE OF THE HOSPITAL FOR MANY YEARS.

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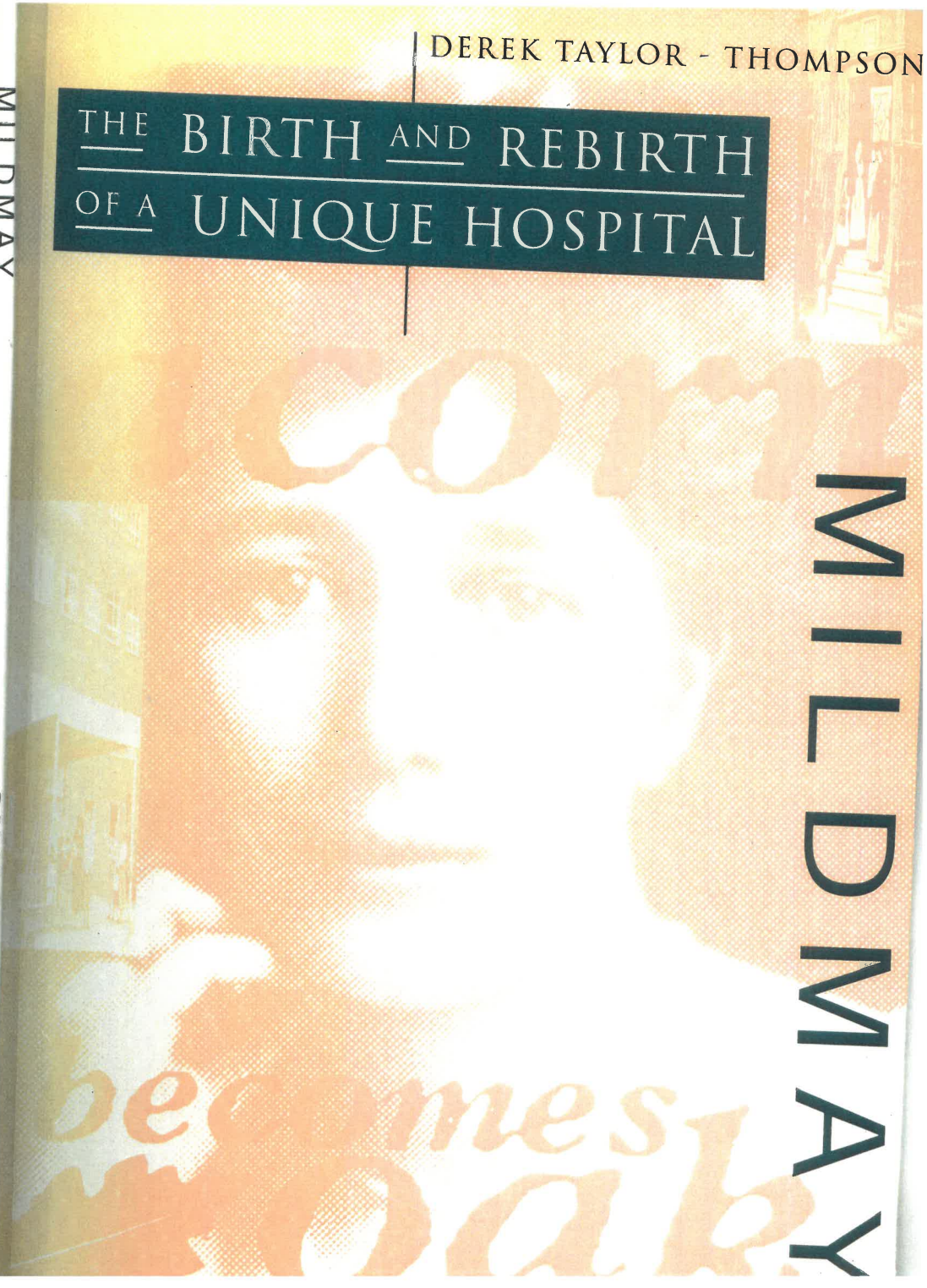

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THE BIRTH AND REBIRTH OF A UNIQUE HOSPITAL

DEREK TAYLOR - THOMPSON

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MILDMAY
The Birth and Rebirth of a Unique Hospital

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FOREWORD

BY PROFESSOR LORD McCOLL OF DULWICH

This timely and splendid book encapsulates the truly remarkable history of the Mildmay Mission Hospital. Who would have believed that a National Health Service Hospital, closed in 1982 because it was deemed by the NHS to be surplus to requirement, would reopen three years later and flourish as never before, achieving a world-wide reputation as a hospice for those dying of AIDS?

There was, of course, great opposition to this venture and it seems that the opposition only agreed to a reopening believing the hospital would fail within the year. What was the secret of this success, whereby a derelict hospital, falling apart, unused for two years, could achieve such heights? This was truly tilting at the great windmills of the State and the Local Health Authority. Undoubtedly, the sheer hard work, determination and good humour of that band of dedicated workers played a vital part. They rolled up their sleeves, scrubbed the unused hospital from top to bottom and had it spick and span and ready for opening in 1985.

Far above all these valiant efforts, however, was their unshakeable faith in the Living God. What He did was, indeed, a MIRACLE.

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Chief Executive Mrs Ruth Sims RGN, DN Cert, Dip NAMH, Cert CSA

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MILDMAY
THE BIRTH AND REBIRTH OF A UNIQUE HOSPITAL

INTRODUCTION

1. The Board of Governors thought it appropriate to mark the centenary of the building of the hospital on its present site by the publication of this little book. The book is not a complete record of the achievements of the past hundred years. On the contrary, it deals only with the origins and foundation of the hospital and with the traumas of the past 10 years or so up to the official reopening (and opening of the AIDS unit) in May 1988.

2. The intervening years have already been written about, albeit in anecdotal rather than strictly historical form, in the popular *"No Bronze Statue"* by Phyllis Thompson (pubd. Kingsway Publications 1972). Rather than cover the same ground on the basis of the same records (since no fresh material has emerged), I thought it better to concentrate on the early and most recent years which, with the possible exception of the late 1940's when it was decided to take Mildmay into the National Health Service, have proved the most interesting and exciting. For those who wish to have a bird's eye view of the intervening years, Appendix 1 contains a summary of the salient events in the life of the hospital between 1900 and 1980; and Appendix 2 records those who have held the posts of medical superintendent and matron (or their broad equivalents) from the beginning up to date.

3. I have found it fascinating to compare the early history with the recent developments. Medical methods and equipment and architectural styles have changed over the century, and the scale and techniques of fund-raising, not to mention the relationships with government, are markedly different now from what they were in the 1890's. But the similarities are more notable than the differences. Mildmay remains on the same site as in 1892, with part of the original buildings still in place and one of the wards – Tankerville – retaining its original name (although the interior would be

unrecognisable to the original occupants). Just as Mildmay was founded on the Christian response to a dread disease, cholera, so now the revived hospital responds in the same Christian spirit to that fearsome disease of our time, AIDS. After changes in constitution over the years, Mildmay is now again, as it was, a unique Christian hospital, funded by charitable donations, making no charge to its patients and governed by the objectives set out by William Pennefather *"to preach the Gospel and to heal the sick"*.

4. For those who favour the cyclical view of history, there is something to be said for the thesis put forward by Winifred Pearce in her little booklet *"Opportunity in adversity"* (Pubd. 1960). Each main advance in the history of the hospital, she argues, has been preceded by calamity. It came to birth in a scourge that swept through East London; the converted warehouse in Turville Street ministered to a *"turbulent mob"*, fleeing to Bethnal Green from the Whitechapel murders; the subsequent move to Austin Street was brought about by the demolition of the old warehouse in the LCC slum clearance; the revival of the hospital after the Second War was strengthened by its incorporation into the National Health Service, which some at the time thought might prove a disaster; and the 1965 extension, with its shift of the hospital frontage to the Hackney Road, was made possible through bomb damage resulting in a vacant site. To this we can add the rebirth of the hospital and its call to respond to fresh challenges, following the closure and the years of emptiness. These are among the *"mysterious providences"*, to use Winifred Pearce's words, *"with which the history of Mildmay is punctuated"*.

5. In an account of an institution which is still thriving it is difficult to know where to pull down the curtain. I have chosen to end the account in mid-1988, although there are several references to developments since then. But I thought it would be wrong to attempt considered verdicts on initiatives which began at around that time or later and are still continuing, some of them still in their early stages at the time of writing (mid-1990). Instead, I have asked the Medical Director and the Director of Nursing/General Manager to offer personal impressions of the most recent developments, notably the AIDS Unit for women and children, and what they see as the

challenge of the future. The Chairman of the Board of Governors has also contributed personal impressions of a hospital with which she has been associated for nearly 40 years.

6. In conclusion, I should like to thank all those – staff, Governors, Friends of Mildmay and others – who have helped me with their reminiscences and words of wisdom to bring life, I hope, to what might otherwise be a bare record.

DEREK TAYLOR THOMPSON

"I have set an acorn which, when it becomes an oak, God alone knows what will be the fruit thereof".

These words were spoken by Sir Walter Mildmay, Chancellor of the Exchequer under Queen Elizabeth 1, who founded in 1585 Emmanuel College, Cambridge, as a *"school for the training of clergy of the Reformed Church in England"*. When the Queen gently teased him, *"Sir Walter, I hear that you have erected a Puritan foundation"*, he replied: *"No, Madam. Far be it from me to countenance anything contrary to your established laws. But I have set an acorn ..."*.

In the 17th century, another member of the family, Sir Henry Mildmay, acquired by marriage a large estate in North London, which was called after him Mildmay Park. It was from a church in Mildmay Park that, over two centuries later, William Pennefather founded the institutions named after it, including the Mildmay Mission Hospital. Although neither Walter nor Henry Mildmay, nor indeed any other member of the Mildmay family, had anything to do with the foundation of the hospital, the words which Walter spoke of Emmanuel, Cambridge, are equally appropriate to the hospital.

ORIGINS

1. How did the hospital come into being? The name Mildmay is derived from the work carried on in Mildmay Park, Newington Green in North London, in the middle of the last century. The Rev. William Pennefather, son of an Irish judge, was vicar of St. Jude's, Mildmay Park, from 1864 until his death in 1873 and developed there a number of projects, most of which had begun in Barnet where he had previously been an incumbent. These became known collectively as the Mildmay Institutions.

2. Pennefather was a remarkable man. Like other Evangelical clergy of his day, he believed that in preaching the Gospel it was essential to do everything in his power to improve the living conditions of those to whom he ministered. This was a *"social gospel"* in the very best sense: preaching the Word in its fullness and meeting the practical needs of the people. But it was in the extraordinary range of his activities and the lasting nature of the organisations he founded that Pennefather was outstanding. Men's Night School, Sewing Class for Widows, Flower Mission, Lads' Institute, Servants' Training Home, Missionary Training Home – these were just a few of the Mildmay Institutions. There were also the annual Mildmay Conferences which brought together Christians of different denominations for Bible Study and worship and were the forerunners of a number of similar gatherings which came into being later in the century: the concept may seem familiar now, but it was a pioneer venture in Pennefather's day.

3. Above all, and permeating all these bodies, were the Mildmay Deaconesses directed by Mrs. Pennefather. This Institution was a development of the Missionary Training Home. It arose out of the Pennefathers' concern that every member of the parish should be spoken to personally about their salvation and that women should be trained to work for foreign missions. Initially, eleven ladies were recruited for training as deaconesses, but the numbers soon grew. Most of them had sufficient means to support themselves. The chief requirements for a trainee were a *"consistent Christian character"*, an *"earnest love for souls"* and a reasonable education. After a

month's probation they were given Biblical instruction and also learnt cookery, sewing, housekeeping, book-keeping and singing. When qualified the deaconess would be sent to work in one or more of the Mildmay Institutions. As for the work for foreign missions, this Pennefather concern was satisfied somewhat later, mostly after his death, when missionary societies were prepared to accept deaconesses for service overseas. By the turn of the century, no more than a third of the 150 or so fully trained deaconesses worked in the U.K.

4. It was chiefly through the deaconesses that the many and varied Institutions founded by Pennefather were kept alive and flourishing after his death. They were a dedicated and remarkably effective body, most unusual in Victorian England, although there was a similar *"Order of Deaconesses"* founded in Germany by a Lutheran pastor on whom Pennefather drew for some, but by no means all, of his ideas.

Florence Nightingale had the greatest respect for both groups, hailing *"every attempt to train in practical activity all female missionaries."* Her interest was no doubt particularly stimulated by the fact that, in addition to the other work which they were trained to do in the Mildmay Institutions and overseas, some of them specialised in nursing and so were among the first trainee nurses in the country, although not of course having access to the range of medical training and experience that later became available, through the efforts of Florence Nightingale and others, in hospitals.

5. This brings us to the link between the Mildmay Institutions and the foundation of Mildmay Mission Hospital. In 1866 a ten-bed cottage hospital was set up in Mildmay Park, where the deaconesses could work. In the same year there was an outbreak of cholera in the East End of London. The Rector of St. Philip's, Bethnal Green, the Rev. James Trevitt, accepted the offer of help from two of the deaconesses in coping with the many problems which this presented in an area which was filthy and overcrowded and, not long before the days of Jack the Ripper, the haunt of criminals. The deaconesses brought to Bethnal Green some of the features already familiar in North London, from where they travelled every day by rail – a soup

kitchen, a Lads' Institute, a men's lodging-house, a mothers' meeting, a factory girls' sewing class and the provision of 80 meals a day for destitute children. The base for their activities was in Cabbage Court, an appropriately named alley in a miserable area; it was here that Mildmay's capacity for bringing light and joy into the most adverse surroundings was first exhibited.

6. A leading daily paper described in these words life in this part of London in the 1860's: *"It consists of a network of narrow streets – or rather passages, for the widest of these thoroughfares is only 28ft; the ground floors in most cases lie below the level of the street and consist of the bare soil plus the impurities with which it has been saturated. Altogether 5,700 persons live their wretched lives in this doleful region (Bethnal Green), the average number of occupants to each room being 2 ½.The rooms are very small..... Fifteen acres of pollution boast 12 public houses, the only attractive places you see in the slums; they can afford fine glass windows, plenty of warmth and a welcome to all who come with their last penny though the babes are starving."* No wonder there was a ready response to the gin palaces' advertisements, *"Drunk for a penny or dead drunk for threepence".*

7. The immediate need was to care for those afflicted with cholera and the children and dependants of those who had died. At the outset the deaconesses, in the face of criticism from Christians who thought the work unsuitable for ladies, went about doing good, healing the sick and preaching the Word as opportunity arose. Despite daily contact with the disease they were kept free from it and, thanks largely to the reputation for sheer goodness which they acquired, made their way safely through foul streets which even the police feared to enter. It was not until 1874 that a medical mission was opened in Turville Street, with a dispensary at one end of the room and a consulting-space at the other end. The doctor in charge was Dr. Dixon, who subsequently left to establish a medical work with the Mission to the Jews (another Mildmay Institution) and was succeeded by Dr. Gauld.

In 1877, with advice from Dr. Burns Thompson, a leading Mildmay figure who was a pioneer in medical missions, a disused

warehouse in Turville Square was converted into a hospital, and the medical mission was transferred there. This was the first *"mission hospital"* in London. The cost of the building was met from a memorial fund set up on Pennefather's death. Although there were only 27 beds, the hospital was divided into three wards, one for men, one for women and one for children: this pattern was to be a feature of Mildmay for over 100 years. Under the doctor were three nurses and five deaconesses in training. As the deaconesses qualified as nurses they became responsible for training others, some of whom went abroad as missionaries. So, even in those early days, the hospital with its very limited resources carried on a continuous training programme and provided much-needed nursing support for overseas missions.

8. The living conditions around Turville Street and Old Nichol Street were appalling, so much so that the London County Council decided on demolition. This was its first slum clearance scheme. When it became known that the hospital was to be pulled down, with the adjacent slum dwellings and warehouses, Dr. Gauld welcomed the decision as confirming what was already clear to him. The area was too noisy and filthy for a hospital and the time had come to move to a quieter area, close by Shoreditch Church, in what was then regarded as the outskirts of the district to which it ministered.

9. So in 1890 the foundations were laid of a new purpose-built hospital, fronting on to what was then a quiet lane called Austin Street, its quietness disturbed only by the clatter of horses' hooves on the cobbles. The new Mildmay Mission Hospital was built as a memorial to William Pennefather at a cost of £18,000; but since the Memorial Fund which had met the cost of the Turville Square Hospital was now exhausted some 17 years after his death, donations were sought and readily found for the sum required.

Among the donors were the Countess of Tankerville, who with her husband had supported the Mildmay Institutions for thirty years or so; R.C.L. Bevan, a banker whose firm subsequently joined with others to form Barclays Bank; Edward Denny, a hymn-writer who wrote a history of the Brethren Movement; and F.E. Wigram, a

leading figure in the Church Missionary Society. Among the first trustees were Sir Arthur Blackwood, a senior civil servant who became the official head of the Post Office, and Joseph Triton, another banker whose firm was absorbed in Barclays. The range of interests of these donors and trustees bears testimony to the support given to Pennefather and his work by leading figures in the Victorian Establishment.

10. The foundation stone was laid by Lady Tankerville on 28 June 1890. Catherine Pennefather, William's widow, had planned to be present at the opening of the hospital some two years later, in November 1892. But she was taken ill shortly before and died two months after the hospital was opened. Her place was taken by Miss Coventry who with Mrs Pennefather had been a founding mother of the Deaconesses. Miss Coventry planted the plane tree in the courtyard, which marked the opening and which still remains there.

11. The new hospital had 50 beds, nearly twice as many as its predecessor, but like its predecessor contained three wards, one for women called the Tankerville Ward after Lady Tankerville, one for children called the Coventry Ward after Miss Coventry, and one for men called the Mathieson Ward after Mr. Mathieson who played a major part in the work of the Mildmay Institutions as Superintendent of the Conference Hall and as Treasurer of the Mildmay Trust. These three wards remained with their original names and serving their original purpose until the hospital was closed in 1982.

THE YEARS BETWEEN

12. By the 1970's Mildmay had undergone a number of changes since its Victorian origins but nevertheless seemed to be securely set in providing the great services to the community which its founders had envisaged.

Two World Wars had taken their toll of the surrounding streets, but the hospital itself had miraculously survived, almost unscathed. Extensions had been added to the original buildings, culminating in the major extension of 1965 which shifted the entrance from Austin Street to Hackney Road. But the cosy old

courtyard off Austin Street remained, albeit for greater use by goods vehicles than by patients, and Miss Coventry's plane tree still towered over it. Most significant of all, the hospital had become part of the National Health Service in 1948. But, although this brought about major changes in organisation and in financial provision, *"the character and associations of the hospital"* were preserved in accordance with the 1946 Act, and Mildmay continued *"to heal the sick and to diffuse simple Gospel truth"*, in the words of one of the original trusts; and the League of Friends took over from the old League of Help as an incorporated body which could hold property and receive legacies, the State having taken over the actual hospital buildings and related assets. Nationalisation, as well as preserving all that was essential to Mildmay and providing a satisfactory financial framework, brought certain less tangible benefits in its train: the chairman and members of the regional and district authorities became involved in the work of Mildmay as one of their hospitals, and members of the Mildmay Executive Committee were free – as one or two of them did – to become involved in the work of the authorities and other related local health organisations, such as the Community Health Council, and so make known the voice of Mildmay in the local community in a way which had not been possible in earlier years.

Gathering Clouds

13. So, as the celebrations accompanying Princess Alexandra's opening of the 1965 extension died down and Mildmay moved on from the '60's into the '70's, all may have seemed to be set fair after the turbulence of some of the earlier years. But it was already becoming clear that far greater changes were threatening. It was recognised that in the '70's and '80's the population of the area would decrease, although it was expected to increase again by the '90's with the redevelopment of Docklands; and this decrease was giving rise to a substantial overprovision of acute beds in the hospitals within the area. Moreover, it was considered that such acute beds as were needed should be put in the larger hospitals, leaving smaller hospitals like Mildmay to provide for non-acute cases, for which there had been under-provision in the area in the past.

PROPOSALS FOR CHANGE 1980 - 82.

14. Several possibilities were discussed. Finally, in December 1980 a Working Group was set up by the Tower Hamlets Health Authority to examine the position of Mildmay in relation to the needs of the area and to make recommendations as to the future provision of care in the hospital. The Chairman of this Group was the Senior Medical Officer at Mildmay, Dr. Walker, and doctors, nursing officers and administrators from the district served on it.

15. What the Working Group did was to identify services which were seen at the time as *"under-provided"* and, in the light of these, to examine options for the use of the Mildmay buildings and site. Certainly, as the Group saw it in the early 1980's, the newly refurbished or rebuilt parts of the hospital, as well as the older buildings, were a valuable resource for the NHS which could and should be adapted for alternative use. There was no question of selling them off and closing the hospital.

16. Although the recommendations of the Group were overtaken by events, it is interesting now to recall them. In their Report, in early 1982, they recommended that, in place of the existing 62 (mainly acute) beds and the Accident and Emergency and outpatients services, there should be three units to meet needs which were not being properly catered for in the district.

First, young chronic sick and medium term recuperative patients, accounting for 36 beds. The young chronic sick would be under 65 years of age, suffering significant handicap or impairment, for whom long-term care was required. The extent of the demand was not really known, and patients from outside the district might have had to be accepted, thus attracting funding from the Region, but there was no doubt that this was a service which was currently under-provided. The medium term recuperative patients, who would come mainly from the London Hospital, were people who were slow in recovering from acute illnesses. An acute hospital such as the London was not the ideal environment for them. Among the attractions of this type of care was the involvement of GPs which it would entail and also the opportunities it would afford for medical

students to become acquainted with community medicine and develop links with the local authority services. Financially, it could be presented to the Government as a pilot scheme which would attract special funding.

17. Secondly, the Group endorsed the continuation of the care for handicapped children which had for some years been a feature of Mildmay. This met a very real need which Mildmay was well-equipped to deal with. Together with the care of handicapped dental patients this accounted for another 14 beds.

18. Finally, as the third unit, the Group recommended day surgery. This was perceived as an important need, given the scarcity of facilities for routine cases in the London. Financially, treatment within the day would cost barely half as much as in-patient treatment, and the workforce would benefit through fewer hours lost to sickness.

19. It was estimated that these three units, as well as meeting the needs of the district better, would save some £175,000 a year compared with the cost of the existing facilities at Mildmay.

Growing Problems

20. But in the meantime uncertainty over the future was causing staffing problems. The part-time general surgeon resigned, so that surgery could not safely be continued without a replacement which was not forthcoming. Other senior medical posts were unfilled, and the Royal College withdrew recognition of three Senior House Officer posts because they now lacked proper supervision and did not provide adequate training. From the outside – and increasingly within the hospital – it was beginning to look like a vicious circle. Services were reduced, so that the hospital became less attractive to work in, with the result that staff left and services were further reduced.

21. The Working Group's recommendations for the future of the hospital made good sense. If they could have been agreed and acted

upon in 1982, Mildmay might have remained a viable unit within the NHS. But the Health Authority could not view Mildmay in isolation and it was under great pressure to reduce expenditure in real terms. Whatever decision was reached on Mildmay could at this stage be taken on board only as part of a strategic review of all health services in Tower Hamlets. As a temporary solution it was envisaged that a number of existing services, including the care of handicapped children in Coventry Ward, should be continued; that in-patient surgery, together with gynaecological and orthopaedic services, should come to an end; that plans should be drawn up for a day surgery service; and that the beds thus made available should be used for recuperative patients. Although this would not have precisely followed the Group's proposals, it would have been broadly consistent with them.

THE AXE FALLS

22. Then, in September 1982, the axe fell. The proposal for recuperative beds was rejected on account of cost; and although the other proposals were accepted, it was clear that the hospital could not really carry on with its surgical beds effectively *"mothballed"*. So, Mathieson Ward and the well-equipped operating theatre were forced to close; and it had to be accepted that the hospital was no longer qualified to provide training. Senior staff had already gone or were on their way out, and in the circumstances it was impossible to fill key medical posts.

23. At this juncture the Community Health Council called a public meeting at which local residents expressed themselves very freely about the Health Authority's priorities in the face of expenditure cuts. As a result of this, on the following day – appropriately Armistice Day, 11 November, 1982 – the Authority *"reprieved"* Mildmay for a three-month period of consultation. But, much to the anger of the CHC, they then proceeded to close Tankerville Ward on the grounds that it was now *"unsafe"*. The alleged *"unsafeness"* was due to the withdrawal of surgical cover, following the Authority's own decision on this; but it was widely misrepresented as implying that the premises were in some sense structurally or hygienically unsafe.

24. So, during the 3 month moratorium, the hospital was effectively run down. Although the Authority had accepted that the care of handicapped children was a proper use of Mildmay, it was becoming increasingly difficult to care for them properly when all around was coming to an end. So it was recognised that Coventry, the third and remaining ward which housed the children, would have to be closed as soon as an alternative location could be found.

25. Some years earlier, as part of a NHS reorganisation, the Mildmay Executive Committee, like other house committees which managed hospitals, had been abolished. In its place, a chairman of the hospital was appointed. But this was a largely honorary post with little executive authority. The Mildmay chairman, Mrs. Taylor-Thompson, formed a body, the Hospital Advisory Council, which was linked to the League of Friends and kept apart from the NHS, so that it would be unaffected by subsequent organisational changes. The HAC was initially designed as a vehicle through which the staff could voice their opinions. In 1982 it found what was to be its true vocation: the chief driving force behind the campaign to save the hospital.

26. In late 1982, the Hospital Advisory Council made a formal request to the Health Authority. In view of the rundown, the Authority must as a matter of urgency decide on the use of the buildings and of the *"free monies"* in such a way as to preserve the status and function of the hospital as it had been secured from the inception of the NHS. (*"Free monies"* were the funds accumulated by voluntary hospitals which joined the National Health Service and were held in trust by health authorities for the use of the hospital).

27. It was during this time that the Health Authority suggested that the *"ambience of the hospital might be continued"* by transferring the remaining staff at Mildmay to a ward in Bethnal Green Hospital and subsequently to a new geriatric unit to be set up at Mile End. This offer, it is interesting to note, was rejected on three grounds. The spirit of Mildmay could not survive in a larger, secular unit; the involvement of people who did not share Mildmay's evangelical approach would inevitably *"dilute"* the work; and the training and

refresher courses for missionaries could not be continued in such a setting. Some might have expressed the objections differently, but there can be no doubt that the decision was right. *"Mildmay"* could not be implanted in another environment. If it was to survive – or be revived – it would have to be based on the same spiritual foundations, and preferably continue to serve the same community, as it had for the past century. How was this to be achieved?

Reactions to Closure

28. While the Health Authority was handling the repercussions of the rundown of Mildmay – which unit would take over care of the handicapped children, where the Rochelle Clinic for Mothers and Children (temporarily housed in Mildmay) would be relocated, and so on – Mildmay's supporters were considering how they should react to the impending closure. Many, including some of the staff who stayed with the hospital so long as there was work for them to do, questioned whether it was God's Will that the work should continue in the face of the overwhelming financial problems. But groups were already in existence which were convinced that God had a plan for the future of Mildmay.

29. The HAC, chaired by Mrs. Taylor-Thompson, responded to the Health Authority very soon after the Working Group's recommendations were effectively rejected. Five people played a leading part. Mrs. Taylor-Thompson herself had been involved with the running of the hospital for over 30 years and was a member of Tower Hamlets Health Authority, having previously served on the Community Health Council. Lawrence Twinam worked for the Greater London Council. One of his daughters had nursed at Mildmay, and he was to play a major part in the campaign for the reopening after his retirement from the GLC. David Brownnutt, a school-teacher and subsequently a Baptist Minister, was at the time studying at Spurgeons College and assisting the minister at the Shoreditch Tabernacle. He lived in the caretaker's house next to the Tabernacle and this proved a very useful meeting place when the hospital was closed. The fourth member of this group was Malcolm Martin, a chartered surveyor, who had read about Mildmay's crisis

and felt called to offer his services. He devoted much time and effort to researching and compiling the various proposals which were put forward by the campaigners for reopening; and he made available a photo-copier and other equipment which became increasingly valuable as the needs came to be broadcast to supporters throughout the country. Finally, Peter Frymann, a chartered accountant who had some time to spare between jobs, was instrumental in preparing the feasibility study (para. 35 et. seq).

30. The initial response from the HAC was along the lines that Mildmay might become a *"community hospital"*. Instead of providing *"acute"* beds, as in the past, it would provide *"non-acute"* beds calling for *"intermediate"* technology. In other words, it would be a hospital which GPs in the area could use, with a health centre. Previous proposals of this kind had foundered partly through lack of support from GPs, and it was recognised that success would almost certainly depend on the introduction of a fresh group of GPs who would support the hospital. These might well include doctors who had served as missionaries, perhaps with past connections with Mildmay, who could be well equipped to cope with the language and culture of the immigrant population. As for the cost, the HAC said they would need more time to produce figures, but as the switch to non-acute beds and the involvement of GPs was in line with part of the 1981 Working Group's recommendations comparable savings might be expected.

31. The proposal was attractive in principle. The concept of a community hospital was in line with a recent report on Inner City Care and was, of course, fully in accordance with the spirit of Mildmay. But crucial to the health authority's attitude was the costing, and until convincing figures were produced no progress could be made.

Trafalgar Square

32. At this critical time in the life of the hospital a remarkable event occurred. Mildmay had not hitherto found it necessary to organise or take part in public demonstrations. But, despite the

misgivings of some friends, on Saturday, 29 January, 1983, a 3-mile march from Mildmay through the City to Trafalgar Square took place, followed by a rally in the square. The Hospital Advisory Council organised this, in conjunction with two other groups which had recently been formed, Mildmay Support Group (consisting chiefly of people in the locality who were concerned that the hospital should survive) and Action in Mildmay (drawn from staff and former staff of the hospital). The Community Health Council also gave their support.

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Temporary reprieve: Further consultation

35. Only a fortnight after the Rally there was some good news. On 10 February, 1983, at the expiry of the 3-month period of consultation, the Health Authority decided that, instead of closing Mildmay, they should further investigate *"change of use"* to a Christian Community Hospital along the lines advocated by the HAC.

and felt called to offer his services. He devoted much time and effort to researching and compiling the various proposals which were put forward by the campaigners for reopening; and he made available a photo-copier and other equipment which became increasingly valuable as the needs came to be broadcast to supporters throughout the country. Finally, Peter Frymann, a chartered accountant who had some time to spare between jobs, was instrumental in preparing the feasibility study (para. 35 et. seq).

30. The initial response from the HAC was along the lines that Mildmay might become a *"community hospital"*. Instead of providing *"acute"* beds, as in the past, it would provide *"non-acute"* beds calling for *"intermediate"* technology. In other words, it would be a hospital which GPs in the area could use, with a health centre. Previous proposals of this kind had foundered partly through lack of support from GPs, and it was recognised that success would almost certainly depend on the introduction of a fresh group of GPs who would support the hospital. These might well include doctors who had served as missionaries, perhaps with past connections with Mildmay, who could be well equipped to cope with the language and culture of the immigrant population. As for the cost, the HAC said they would need more time to produce figures, but as the switch to non-acute beds and the involvement of GPs was in line with part of the 1981 Working Group's recommendations comparable savings might be expected.

31. The proposal was attractive in principle. The concept of a community hospital was in line with a recent report on Inner City Care and was, of course, fully in accordance with the spirit of Mildmay. But crucial to the health authority's attitude was the costing, and until convincing figures were produced no progress could be made.

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36. So the ball was tossed back to the HAC and other support bodies to develop and cost the proposals they had outlined. The proposals which emerged advocated a wide range of facilities, going well beyond the GP practice and GP beds which the outline had envisaged. In summary, it was recommended that Mildmay should provide some of the following services:-

(i) A GP practice
(ii) 10 GP beds and 14 medium term recuperation beds (or, as an alternative, a day surgery with 14 beds for GP/recuperative care).
(iii) A walk-in minor injuries unit with X-ray facilities
(iv) Out-patient clinics providing physiotherapy, chiropody, occupational therapy and a tropical medicine clinic.
(v) A women's health clinic
(vi) A counselling clinic for young people experimenting with drugs
(vii) An alcohol dependency unit (16 beds)
(viii) Accommodation for young, chronic sick (16 beds)
(ix) A day centre/lunch club for elderly people
(x) Retention of the Rochelle child health clinic, still temporarily housed in the hospital.

All the services were seen as meeting needs of the local community and most as reducing pressure on the London Hospital. The most appropriate were thought at the time to be (i), (ii), (viii), (ix) and (x). Three items ((ii), (iii) and vi)) were expected to attract private funding towards the staffing.

37. The cost was estimated to be a little under £1.1m a year (as compared with £1.3m spent in 1981/82, the last full year of Mildmay's operation). It was proposed that two-thirds of this should be provided from NHS sources and the remaining third from charitable and other contributions and donations.

38. The hospital would remain within the NHS, under the aegis of the regional and district authorities as hitherto. But, in the light of

past experience, there were some reservations about the funding and filling of the senior posts. It was tentatively suggested that, in order to ensure effective Christian control of the new Mildmay, the posts of Medical Superintendent, Administrator, Matron & Chaplain, should be *"funded substantially from Christian sources"*.

39. The proposals were nothing if not ambitious. It says a lot for the faith of those who made them that, in the midst of Mildmay's parlous condition, they could lift their eyes to the hills and see this vision. The DHA Management Team's response was more down to earth. Even though some of the services could be contracted out, the DHA would have to accept responsibility for running them, so that they would need to be absolutely clear about their nature and purpose before embarking on them, and similarly the DHA would have to accept financial responsibility for the voluntary funding if, e.g. the charitable grants were not secured or ran out. In more detail, the proposals for GP recuperation beds were recognised as appropriate to Mildmay, but it was thought preferable to retain beds for the purpose at the London Hospital; the primary care proposals (such as the GP practice and the child health clinic) could be based at Mildmay; but the beds for young chronic sick were not thought appropriate (interesting, in the light of later developments) and there was not support for the minor injuries unit or for day surgery.

40. In the final analysis, as the Team saw it in their report of July 1983, arguments based on the Strategic Plan for the district and on financial considerations told strongly against the retention of Mildmay. It was concluded that retention would be uneconomic, that the hospital should therefore be closed, with the Rochelle Clinic relocated, and that the buildings should be disposed of.

41. Meanwhile, attempts to initiate a GP practice which could operate in Mildmay, as and when reopened, had been frustrated. The Family Practitioner Committee accepted for a practice in Tower Hamlets two Christian GPs who had expressed interest in working in Mildmay; but an appeal by other GPs against this decision was unexpectedly upheld by the Minister for Health, and the Bethnal Green Medical Mission, to which the two GPs were attached, was

refused permission to practise on Mildmay's premises pending a decision about the hospital's future.

42. During these months in the middle of 1983 practical problems frequently arose over the use of the hospital building. Security, telephone communications, heating (for the Rochelle Clinic) and so on were the responsibility of a member of the District Management Team based in the London Hospital. He was naturally concerned about the dangers of vandalism and of unauthorised use; and he had to be consulted over any visits to the hospital. This inevitably led to confusion and misunderstanding. But nevertheless, it was still possible throughout this period to hold weekly prayer meetings in one of the rooms and to hold a special Day of Prayer on 9 June when the date was known of the vital DHA meeting at which the Mildmay proposals and the DMT response would be discussed.

14 July 1983: The Day of Decision and what followed

43. This date was July 14. Malcolm Martin, who was invited to attend for the purpose, presented the proposals on behalf of the HAC. He was listened to with great care and respect and a long debate followed. Several members, although well disposed towards Mildmay and unconvinced by the DMT's paper, nevertheless were concerned about the effect of resultant expenditure cuts in other parts of the district, such as the Mile End Hospital, if Mildmay were retained. Finally, when the issue was put to the vote, the DHA decided, by a majority of 9 to 5, to advise the Secretary of State, through the Region, *"with great reluctance that the least unattractive alternative, given the reduced allocation of money, was to close Mildmay and to concentrate the DHA's shrinking resources within its remaining facilities".*

44. This cold prose must to some have seemed the death-knell of Mildmay. Within days the regional authority submitted the papers, with its own supporting memorandum, to the Secretary of State. How could he be persuaded to act against the considered advice of district and regional authorities?

45. ***"Fear knocked at the door, Faith answered, Nobody was there"***: so reads the inscription on the mantel of a Berkshire hotel. And, closer to Shoreditch, a sign hung in London Dockland at the height of the blitz read: ***"If your knees are knocking, kneel on them – Courage is fear that has said its prayers"***. Faith, with much prayer, was the motive force behind the courage which inspired the supporters of Mildmay in those difficult days.

46. The HAC immediately sought a meeting with the Secretary of State, then Mr. Norman Fowler; organised a deputation for that purpose; and put together a succinct memorandum to be presented to the minister in advance of the meeting. The memorandum stressed three main points. First, the Shoreditch area was exceptionally deprived and the proposed closure would aggravate this. Secondly, Mildmay, with its charter to heal the sick and preach the Gospel and its fine record over the last century, was particularly suited to help solve the special needs of the local community. Thirdly, there was a considerable fund of financial assistance and enthusiastic voluntary effort in the Christian Community which favoured the reinstatement of Mildmay as a Christian Community Hospital.

47. The proposals for Mildmay's use were along the lines of those put to the DHA. Financially, the running costs were trimmed to some £900,000 a year, over £100,000 of which would come from voluntary sources. It was pointed out that over past years private finance had contributed more to Mildmay than to most other NHS hospitals; that the *"free monies"* available for a new Mildmay already amounted to some £100,000; and that, despite the difficulties of raising funds and inviting covenants when the future of the hospital was so uncertain, it was thought that already such contributions would total some £50,000 a year.

48. The magazine *"Family"* took a keen interest in Mildmay's plight, and an article in their November 1983 issue described the *"Fight of the Ghost Hospital"*. It underlined the tragedy, to human eyes, of the hospital buildings as they then were: empty wards, unused X-ray equipment, mini-cots lying in pieces in the children's

ward, weeds covering the signpost in Hackney Road.

49. The meeting, when it finally took place on 3 November, was with the Minister for Health, then Mr. Kenneth Clarke, who was responsible under Mr. Fowler for the NHS and all health policy issues. The deputation was headed by Mr. Peter Shore, the Labour MP for Tower Hamlets. Nine others took part, three from the HAC, three from the CHC, and three from the Mildmay Support Group. The meeting lasted for 70 minutes, unusually long for such an occasion. The Minister congratulated the deputation on their memorandum and listened carefully to all that was said in support of it. He appeared to be impressed by the cogent arguments put to him, but he did not, of course, give any indication of the likely outcome. Mildmay would have to wait patiently for over four months before that emerged.

1984: THE END OR THE BEGINNING?

50. When the decision was finally announced, on 12 March, 1984, it must to the faint-hearted have spelt the end. The Minister approved the DHA's plans to make the closure of Mildmay permanent. There was quite a long accompanying statement which stressed that all the possibilities had been carefully considered and that the best possible health care must be provided for the people of Tower Hamlets (but with no clear indication as to how this should be achieved); but there appeared to be no chink of light for reopening the issue.

51. Yet, as with the DHA's decision 8 months earlier, the rebuff served only to galvanise the HAC into further action. Following two emergency meetings in March and a Day of Prayer on the last day of the month, plans were already emerging to *"go voluntary"*. If the Minister could not approve the continuation of the hospital within the NHS, why should he not make the premises available to the League of Friends as original owners of a voluntary charitable hospital, which would provide services of the kind proposed in the HAC 1983 paper without charge to patients?

52. Other ideas were being thrown in. John Grooms had expressed interest in helping with the young chronic sick beds envisaged in the 1983 paper. A Luncheon Club for lonely people was suggested. Hostel accommodation could be provided in the Nurses' Home for voluntary helpers who could combine their regular employment with a commitment to help at Mildmay in the evenings. Harking back to the origins of the hospital, there were proposals for *"deaconesses"* to visit local homes and answer emergency calls from the housebound. Voluntary services were offered by several medical consultants. Against this background of renewed activity, the health authorities agreed on 19 April to a 2-month *"stay of execution"*; and it was already being hinted, from regional quarters, that Mildmay might be able to obtain a long lease of the premises at a peppercorn rent.

The Minister approves reopening in principle

53. Before the two months were up – before even a month had passed – the Minister's response came in a letter to Mr. Peter Shore. This time, it was positive. The Minister had no doubt been impressed by what he had heard of Mildmay's reaction to his decision. He gave his approval in principle to the reopening of the hospital, the premises being made available to the appropriate voluntary body on a long lease at a peppercorn rent. This was all subject to the Regional Authority being satisfied that its proposed uses were financially viable and beneficial to the health service in Tower Hamlets.

54. So after nearly 40 years Mildmay was to revert to its status as a voluntary charitable hospital. The link with the NHS, other than through ownership of the buildings, was to be severed. The financial framework within which the hospital had operated as a unit of the NHS would be totally changed, although the NHS would need to be satisfied as to the financial viability of the services it would offer; but it would now be open to Mildmay to seek to recover the vision of its founders and apply it to the 1980's with a freedom that would have been impossible if it remained within the NHS.

55. But first it was back to the drawing board to re-examine the proposals yet again, to surmount the awkward hurdle of financial viability. And, while this re-examination was taking place, the problem of protecting the buildings continued. So serious was the threat of vandalism that the DHA proposed to board up the premises, and they were only deterred from doing so by the argument that boarding-up itself encouraged vandalism.

56. Not surprisingly, the proposals which the HAC put to the Minister through the regional authority in June 1984 were similar to those put up a year earlier (see para. 35). They were augmented by the ideas thrown in later (para. 52), in particular the imaginative recall of the *"deaconesses"* on which Mildmay had been founded: a staff of six was envisaged for this *"twilight nursing"*, as it was now called. The proposals for a walk-in minor injuries unit were withdrawn, in view of the authorities' known objections; and the concept of alcoholic/drug dependency units was presented as a future development, as was also a proposal for a mentally handicapped unit.

57. The DHA were more relaxed than in 1983 in their comments on the proposals, due to some extent, no doubt, to their no longer being directly concerned with management if the hospital reopened on a voluntary basis. They accepted most of them in principle, including the twilight nursing; but they continued to object to beds for young chronic sick (on the grounds that a hospital setting was inappropriate) and to a GP practice with GP beds (on the grounds that there was no assurance of support from local GPs).

But these reservations on the proposals themselves were not as important as their reservations on financial grounds: the NHS would incur a financial risk if the new Mildmay proved not to be viable. The argument over the costing of the proposals continued for some months and proved to be the main obstacle to reopening.

58. The HAC estimated the running costs of their proposals to be of the order of £700,000 a year. Half of this, they reckoned, would be met by reimbursement from Government sources for the provision of recuperative and young chronic sick beds; the other half would

come from voluntary donations. Initially, to get the new hospital off the ground, there would be a funding requirement of some £1/2m. The HAC were confident that the necessary money would be forthcoming from voluntary sources. They pointed to the support from the League of Friends, including the availability of their assets as a guarantee for Mildmay's viability (these assets shortly to be swollen by the proceeds of the sale of the Convalescent Home in Worthing), to gifts already promised and received (which had multiplied after the announcement that Mildmay might be reopened outside the NHS), to the level of *"free monies"* received over the years when the hospital had operated within the NHS and to the growing evidence of support from the local community. They concluded by stressing that there would be no obligation on the NHS to bail out the hospital if things should go wrong.

59. The health authorities, while recognising that they were not obliged to step in if Mildmay were to sink, nevertheless felt they needed to satisfy themselves that the proposals made financial sense, particularly over the first two or three years of operation. There was a lengthy exchange of correspondence and several meetings. John Grooms weighed in with a valuable letter which showed that in the light of their experience they thought the new Mildmay was financially viable. The HAC demonstrated that, with £½m guaranteed by the League of Friends, the initial funding could be met without recourse to special appeals. But the regional authority took the view that a guarantee of £1½m was needed, and it was the difference between these two figures which created the deadlock that prevented any progress in the latter half of 1984. Finally, the authority was persuaded to halve its figure to £¾m, so that Mildmay was required to find only an additional £250,000 (on top of the £½m guaranteed by the League of Friends) to satisfy the authority that it could start operations. As soon as this became known in December 1984, a letter was sent out to Mildmay supporters asking for their prayers that the extra amount could soon be found and stressing that it was now a question of when (rather than whether) Mildmay would reopen.

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Sunday, 16 September. The meeting took place on a Sunday for the convenience of the Bengali population who were well represented at the meeting. Over 100 people were present to hear the Chairman of the CHC, the Secretary of the Mildmay Support Group and other speakers recall the history of the hospital, the recent traumatic events and the proposals for its future use. It was clear from questions and comments that a high proportion of the private funding was likely to come from individuals covenanting their future support and from small churches all over the country which were prepared to give generously. A small but vocal minority claimed that Mildmay was *"patronising"* to immigrants and that its reopening would encourage the NHS to step up its run-down of local facilities. But the majority of the local people, including the son of a Jewish immigrant, an Asian and a West African midwife, spoke up strongly in Mildmay's defence as a hospital likely to be especially suited to the needs of immigrants and known to be motivated by genuine concern for the local residents. They were warmly applauded.

Christmas 1984

61. Another encouraging event was the opening of the hospital on Christmas Day 1984 for a special Christmas lunch for lonely and elderly local people. When the idea was first mooted it had been hoped that the hospital would be reopened by the end of 1984. In the event, the staging of the lunch in the Mission Hall was a task which called for much hard work, as well as the faith and love which motivated the organisers. Permission had to be obtained from the DHA, and their authority was required for an emergency delivery of fuel oil on Christmas Eve, without which the Mission Hall would have been unheated. The kitchens had not been touched for two years, and much scrubbing and cleaning was needed. Two turkeys were obtained at a discount, and mince pies, potatoes, Christmas puddings – not to mention two fine Christmas trees with all their trimmings – were donated from a wide variety of sources. Some 60 people, many of whom were picked up from their homes by volunteers with cars, sat down to dinner which was served by a dozen helpers who also prepared the meal and cleared up afterwards. Then there was carol-singing, with the aid of a piano

played by one of the helpers. Another helper took a video of the proceedings, which was subsequently shown on a TV set brought up from the Convalescent Home at Worthing. Father Christmas then made an appearance, and after a brief epilogue these lonely people were restored to their homes.

62. There could be no doubt that this day brought joy and happiness to people, some of whom had known Mildmay in the past but few, if any, had experienced an event like this within its walls. It radiated the spirit of Mildmay and came to be repeated in subsequent years when the cooking and heating were less difficult. Never again were conditions so adverse – and so triumphantly overcome – as in 1984!

MOVING TOWARDS REOPENING

63. Early in 1985 the HAC were able to report that substantial donations were coming in to swell the funds. Over £800,000 was now available for the support of the hospital. While the Regional Authority was deliberating over the advice it should tender to the Minister, there were further signs that Mildmay would soon be in business again. Through the Manpower Services Commission, unemployed school-leavers were already at work under expert supervision, cleaning and decorating the premises to which access had been granted. The DHA agreed to meet a substantial part of the cost of repairing damage caused by vandalism. The DHA's plans for accommodating young chronic sick patients elsewhere in the district had foundered, and some members of the Authority were now pressing that a reopened Mildmay should take them. Finally, in earnest of the intention to reopen later in the year, Lawrence Twinam was appointed Administrator of the hospital and Elizabeth Willcocks, Matron.

64. On May 2, 1985 the Minister announced, in answer to an arranged Parliamentary Question, that he was now able to approve the reopening of Mildmay on a voluntary and charitable basis, outside the NHS, to be funded partly by Churches and Christian charities. A 99-year lease was granted at a peppercorn rent to the

League of Friends, who sublet the premises to a newly constituted charity (Mildmay Mission Hospital Limited) which was to have overall responsibility for the hospital through a Board of Governors. Mrs. Taylor-Thompson, Chairman of the HAC which now ceased to exist, became Chairman of this Board, and Professor Ian McColl, Professor of Surgery at Guy's Hospital, became President.

65. As the signs of Mildmay's reopening became evident, local people joined the Churches and other supporters in striving to raise the money that was needed. Typical of the enthusiasm shown was a concert organised by the Bethnal Green Working Men's Club which raised some £2,000. Then there was a clothing sale (new and jumble) in which many of the good friends of the hospital from Bethnal Green and Shoreditch took part. The younger ones among them gave voluntary help in assisting the cleaning and decoration that was carried out in the latter half of 1985. During this period, too, Mildmay was indebted to Christian professional men – architects, engineers and builders, in particular – who gave the benefit of their advice and services, in some cases without charge. And the local tradesmen, many of whose families had benefited from Mildmay in the past, rallied round by providing much-needed food and materials at a generous discount.

Reopening, October 1985

66. By October 1985 the hospital was able to declare itself open. The GPs had opened their surgery in the previous month; the leases (to the League of Friends and to Mildmay Mission Hospital Ltd.) were signed in October; and the certificate of registration as a nursing home, which at the outset permitted Mildmay to admit up to 14 patients, dated from 14 October. Mathieson Ward, with fresh painted walls and a newly fitted kitchen, was staffed with a team of nurses in sparkling new uniforms, drawn from Norway, Germany, Switzerland and India, as well as from the UK. They were to care for young chronic sick patients, the first two of whom were admitted in October.

Thanksgiving Service

67. It was appropriate that this great answer to prayer should be marked by a Thanksgiving Service, which took place in St. Paul's Cathedral on 20 November. The evening was cold and wet, but large numbers turned up to enjoy a stirring address from Prof. McColl and to sing hymns to the accompaniment of the London Emmanuel Choir.

MILDMAY REOPENED: GROWING PAINS

68. Meanwhile, staff vacancies were being filled (in particular, a deputy administrator to Lawrence Twinam and a maintenance man), and needs were emerging (such as the crying need for a person, possibly a couple, to take responsibility for the pastoral work of the hospital, to give a lead to the young people living in the Jacob Home and to organise outreach from Mildmay in conjunction with the local Churches). A growing cause for concern was the fact that the hospital, since reopening, had run entirely on Christian charitable contributions. Agreement had not been reached over the release of the *"free monies"* and the basis on which public funding would be provided.

69. It was not until well into 1986 that the money from these sources began to flow. By this time it had been agreed to admit one or two convalescent patients who were *"blocking"* acute beds in the District. These joined the young chronic sick in the new Mathieson Ward. Eventually, the administrative problems were resolved and the reimbursement for all these patients came to the aid of the hospital's cash flow. But in the interim, if it had not been for one or two substantial legacies, the hospital might have run into serious debt within a year of its reopening.

70. Building and engineering work was now going on apace. In particularly, a new fire escape was required for Mathieson Ward before authority could be given for additional beds beyond the 14 already sanctioned; and a massive job of renovation was needed for the main kitchen on the ground floor. Just as in 1982 the withdrawal of services and staff had led in a depressing spiral to closure, so now

the sight and sound of renewed activity itself encouraged more activity.

An appeal for pillows had a remarkable response, with a large consignment arriving from a church in Hampshire which had made a special collection. A supporter offered to clear the contents of houses, *"neglected and otherwise"*, with a volunteer group, all proceeds being placed at Mildmay's disposal. Gifts of food came in regularly. A week in October was designated Mildmay week, culminating on Mildmay Sunday when representatives from the hospital spoke at church services in different parts of the country. And several hundred supporters had now become Members of the newly incorporated body which was responsible through the Board of Governors for running the hospital.

Missionary Links

71. The links with missionaries which had been a feature of Mildmay in the past were revived in a somewhat different form. Following a survey carried out by Dr. Veronica Moss, with the support of the Church Missionary Society to whom she was at the time Medical Adviser, together with the Christian Medical Fellowship and the Evangelical Missionary Alliance, a comprehensive medical and psychiatric service was set up for Christian missionaries, irrespective of their Society or ability to pay. Among other things it would cover pre-selection screening of candidates for missionary service and medical checks for missionaries on furlough. Dr. Marjorie Foyle, a Consultant Psychiatrist, was appointed part-time to work with Dr. Moss on setting up the service for Missionaries and Volunteers in mid-1986. As it would be a purely outpatient service, no hospital beds would be required, just a suite of consulting rooms. The scheme was entirely separate from the main work of the hospital and financed largely by missionary societies, but underwritten by the League of Friends.

Appointments

72. Several new posts were being filled. Ann Laidler was appointed physiotherapist, with a stress on the rehabilitation of the longer-term patients. On the administrative side, Lawrence Twinam

became public relations officer, a post for which he was well equipped and for which there was now a growing need; his deputy took his place as Administrator. But the most significant appointment made during the year was that of Medical Director. Dr. Veronica Moss, who had considerable medical and missionary experience in India and had acted as adviser to the Church Missionary Society and had, moreover, served on Mildmay's HAC, was appointed to this post with effect from October 1986. As Medical Director she was executive head of Mildmay; and, reinforcing the renewed missionary links, she also took responsibility for medical examination of missionaries and missionary candidates.

73. The Newsletter issued at the end of 1986 used the metaphor of a jigsaw puzzle to describe the way in which the various aspects of the hospital were coming together to form a coherent whole. The proposals put forward before reopening may have seemed to some rather diffuse, although there was no doubt value in demonstrating to the Minister Mildmay's versatility. But the focus was now clearly on patients who were chronically ill, disabled or very frail. The prospect for the coming year was for the whole of Mathieson Ward and for a revived Tankerville Ward to be opened to receive such patients.

AIDS

74. Yet in that same Newsletter there was the first public indication of a development which was to transform this vision, while maintaining the same broad focus. The Chairman was approached by CARE TRUST, a Christian organisation, who suggested that Mildmay, as a Christian hospital, might be well-equipped to take on the arduous and ever-growing task of caring for people with AIDS (known as PWA and subsequently referred to by this abbreviation).

This approach was discussed with senior medical staff at the hospital, with a professor at the London Hospital Medical College and with the District General Manager for Tower Hamlets Health Authority. Dr. Moss also discussed the project with doctors at the London Hospital and other major centres in London, such as St.

Stephen's and St. Mary's hospitals. At this stage, few could have foreseen what momentous consequences would hang upon the decision to be reached.

75. Within the Board there were misgivings. Church leaders had expressed differing views on the morality of homosexual practices; but should a Christian hospital become involved in the controversy which caring for PWA was likely to arouse? The arguments which prevailed were those which led Mr Pennefather and his deaconesses to care for the cholera sufferers over 100 years earlier. There was a need – in the local community and beyond – which Mildmay was especially qualified to meet. What would our Lord have done? He would have shown His love and care to those who needed it. So it did not take the Board long to decide that the response to the AIDS call should be positive.

76. There was a subsidiary ethical question. Should Mildmay accept financial support from practising homosexuals? Clearly, if Mildmay were to open an AIDS unit, a good deal of interest would be shown by groups unrelated to the Christian and governmental sources from which funds were currently being sought. Could Mildmay take this on board? This was answered in the same spirit as the main question. As with all gifts to Mildmay, the donor should not be allowed to use the hospital to further his own cause. But, provided this was clearly understood, donations towards the AIDS work would be readily accepted, regardless of the status of the donor.

77. In practice, strong and valuable links have been forged between the hospital and AIDS organisations. In the early days, inevitably, there was the occasional difficulty. Before any patients were admitted, there was an outbreak of vandalism by children, probably inspired by local people who feared what an AIDS unit in their midst might entail. But this was soon dealt with. One of the porters, who recognised children he had taught in Sunday School, persuaded groups to visit patients and so educated them about the work of the hospital. *"Capital Gay"* (a newspaper published by homosexuals) challenged the suitability of Mildmay, and one of the

governors in particular, to run an AIDS Unit. Here, too, the difficulty was resolved by inviting people to visit and see the work for themselves. Those representing the gay community soon came to realise that, while the Christian commitment of the governors remained unchanged, Mildmay's attitude was loving and constructive, not judgmental.

78. Dr. Moss discussed the project with the young chronic sick patients and with the Jacob Home residents, and the response here was encouraging. One patient said *"No one else wanted us. Why should you not look after them?"* A letter was sent to all members of staff, giving facts about AIDS, and meetings were held at which staff were invited to discuss their feelings and ask questions. Although several were apprehensive, it was unanimously agreed that Mildmay should undertake the work. Later, shortly before the AIDS Unit was opened, an informal evening was held for relatives and friends of staff at the hospital to alleviate any fears they might have over AIDS.

79. In January 1987, it was decided to convert the ward previously known as Coventry into a hospice for people terminally ill with AIDS. It was to be re-named the Elizabeth Unit, after Elizabeth Willcocks, the Matron. The broad intention was to accommodate 9 people in single rooms.

80. The following month, the Chairman of the Board, accompanied by the medical director and the architect who was concerned with the adaptation of the renovated buildings for PWA, paid a visit to San Francisco. San Francisco was then, and in many ways is still, one of the best places in which to see at first hand how PWA may be cared for and accommodated. As with subsequent overseas trips of this nature, the fares were funded by generous donations – in this case, by CARE TRUST – and accommodation was provided by a friend, a Christian doctor known to Mildmay's President. The visit proved extremely valuable, both for the medical and building advice which it yielded and for the publicity which followed it. Mildmay was already wellknown to the press for its closure and reopening and the campaign which accompanied this. The San Francisco visit showed that Mildmay was in earnest in its

proposals for AIDS care and was one of the factors which paved the way for the favourable publicity which attended the creation of the Unit. This Unit proved to be Europe's first AIDS hospice and in due course, as a result of the excellent care that was developed, it was selected as the National Model for AIDS hospice care.

81. Amidst these exciting developments, it was stressed that Elizabeth Unit was not the only work going on at Mildmay. The young chronically sick patients in Mathieson Ward, now completed, continued to be a primary concern; and early in 1988 it was decided to upgrade Mathieson in line with the quality of the work being done on Elizabeth Unit. The staff themselves contributed over £500 to the upgrading.

82. At this time it was intended that Tankerville, when rebuilt, should provide 8 single bedsits for young chronic sick people and perhaps also contain provision for convalescent and/or day surgery patients. It was more difficult to attract interest in, and raise funds for, those patients than for AIDS, and a welcome windfall at this time was the provision of £30,000 for Tankerville from a 1901 Trust whose funds were held for this purpose, if Mildmay had no convalescent home. As for the raising of funds for AIDS, the government had shown its hand by allocating £200,000 for Elizabeth Ward, part to meet capital and part revenue needs; and the Newsletters of around the middle of 1987 are studded with account of teas, lunches, raspberry suppers, concerts, sponsored cycle rides and other such ventures by dedicated people who wished to contribute, in however small measure, to the financial needs.

83. The facilities required for AIDS care are costly, and large capital sums have been regularly needed, in addition to Government support and to the gifts generously supplied by churches, by local and other supporters, by charities and by city institutions. At this time, in June 1987, there was a warm welcome for a donation of £100,000 from a charitable trust, and by the beginning of 1988 the donations for AIDS totalled £280,000.

Staff changes

84. During 1987 several important changes in personnel took place. Elizabeth Willcocks, who had served Mildmay for many years as matron before the closure, then as matron of the Convalescent Home, and finally as Director of Nursing for 18 months following reopening, retired; and her place was taken by Ruth Sims who had had experience as a District Nursing Manager and had taken a special interest in Community services and terminal care. Soon after the Elizabeth Unit was opened in 1988, the management of the hospital was restructured, so that Ruth Sims took over responsibility for general management and for training, in addition to her responsibilities as Director of Nursing, while the Medical Director concentrated on the medical direction of the hospital, with specific responsibility for clinical work, as well as for planning and development. Hugh Shelbourne, who had served as vice-chairman of the Board since its inception and had been much appreciated especially for his work as acting pastor to the hospital, resigned on health grounds and was succeeded by Stanley Holder, at that time Director of Nurse Education of St. Mary's Hospital. Lawrence Twinam, one of the pioneers of the reopening who had served as administrator and public relations officer, had not been well and finally retired in October.

Claire Wheatcroft became Publicity Manager, with the great task of presenting Mildmay as a unique charitable hospital and a pioneer in AIDS care. James Burleigh became Finance Officer, with the increasingly arduous role of accounting for, and controlling, expenditure of income from a wide variety of sources in an organisation that was without precedent.

Ann Taylor was appointed as Clinical Nurse Specialist and was largely responsible for equipping the unit and drafting unit nursing policies. Shirley Lunn was appointed Counsellor for the AIDS project, and before the AIDS work got under way she was able to use her previous experience in social services to settle a basis for recovery of the proper amount from the Government for the care of the young chronic sick patients. And in January 1988 Peter Clarke, a former policeman who had become a Baptist Minister, joined the staff as resident chaplain. Nurses were recruited towards the end of

1987 and in early 1988, in preparation for the AIDS unit; and – a vital part of the smooth running of the hospital – additional porters, receptionists and other administrative staff were also recruited.

Other Developments

85. Among overseas visits that took place during this period, Ruth Sims was chosen (out of some 500 applicants) to spend four weeks in San Francisco on a fellowship founded by the *"Help The Hospices"* charity; Veronica Moss also spent a month on a course in San Francisco General Hospital; and Helen Taylor-Thompson, Chairman of the Board, on a visit to Paris spoke to academics at the Pasteur Institute and went to several French hospitals where she saw how people with AIDS were cared for and recorded the memory of a small boy, incapacitated and unable to speak but with a tragic appeal in his eyes. Ruth and Veronica also researched the needs of PWA in London and Edinburgh, through meetings with doctors and nurses, but mostly through PWA themselves.

86. The old Mission Hall, soon to be called the Buxton Hall after Dr. Kenneth Buxton, a former Medical Director of the hospital and at that time Chairman of the League of Friends, was refurbished through the generosity of the League of Friends and began to be used for medical seminars, as well as for religious meetings. The inaugural conference for the AIDS work, stressing the holistic approach to AIDS terminal care, was held there in February 1988, and this was followed by others dealing with various aspects of AIDS for a variety of audiences. The seminars became wellknown among health care professionals of all disciplines and among clergy concerned with the problem. They also became wellknown for the quality of the lunches and teas, provided by a small group of volunteers, which rivalled comparable provision by commercial organisations, although much less was charged for them.

87. The old Mission Hall had been used for worship and for prayer. It was recognised that the hospital now needed a Chapel, for formal services and for less formal gatherings as well as individual prayer. Agreement was secured that the old casualty theatre could be

converted for this purpose, and Peter Clarke, the Chaplain, and others embarked on the task of raising the necessary funds (over £50,000). Eventually, some two years after the opening of the AIDS unit, the work was completed, and a beautiful little chapel now stands, perhaps rather appropriately, on the site of the old casualty theatre.

88. Dr. Moss, the Medical Director, had declared her intention, on coming to Mildmay, of making it a *"beautiful place"*, and signs of this were beginning to appear, with pictures, wall hangings and plants and shrubs. This assumed a greater importance as the date for opening the Elizabeth Unit drew near and press tours were organised to view the ward prior to the arrival of patients. An Open Week, of which the first Conference formed part, took place in February 1988; and this was followed by a series of Open Days at which supporters were taken round the hospital so that they could see what was really going on in the new Mildmay. Subsequently, in line with the *"beautification"* of Mildmay, money was raised (through CRUSAID and the Metropolitan Hospital Sunday Fund) for the building of a conservatory. It was the spirit of peace and beauty which these among other developments engendered, that led visitors to the hospital to comment on its *"lovely atmosphere"*. Dr. David Owen, MP, who visited Mildmay a few days after the official reopening in May, was the first of several politicians, including Ministers and the Prime Minister, to make this comment.

89. Then on 28 February, with the arrival of the first patient Elizabeth Unit opened, with four beds in the newly refurbished ward. It had now been decided that Tankerville Ward with its eight single rooms should be used for PWA, in response to the ever-growing demand. But the Board stipulated that the build-up of Tankerville should be gradual since the immediate need was for money to be spent on Elizabeth, which with the recent increase in nurses' pay proved to be very expensive to run. The Government had been requested to make a further grant of £300,000, in addition to the £200,000 already given, but this was not yet forthcoming: and it was estimated that an income of at least £1m a year would be needed in future to sustain and develop the care of PWA. There was

no shortage of applications from nurses who were much attracted by this pioneering and fulfilling work, nor was there any shortage of PWA who were being referred to Mildmay from several hospitals. There were, however, difficulties in paying for the increases which were awarded to nurses nationally during 1988. Finance and fundraising therefore continued to be a major preoccupation of the Board.

90. Some of the more novel forms of fundraising have already been mentioned. Others developed during 1988, including a *"Slimathon"*, whereby, through sponsorship, lost pounds in weight could be converted into pounds sterling for Mildmay's benefit, and the sale of special Mildmay T-shirts and notelets, as well as a series of Christmas cards specially designed for Mildmay by a Scottish artist from the Island of Mull. Also in 1988 occurred the first of what proved to be several film premieres or royal gala performances, the proceeds of which went wholly or partly to the hospital: that year, the film was a *"Handful of Dust"*, performed in the presence of Princess Alexandra, the proceeds being split between Mildmay's AIDS hospice and Hammersmith Hospital's AIDS research laboratory.

91. Among the donors to the hospital in these early days of AIDS care was the Andrew Mitchell Christian Charitable Trust, who through the Lords' Taverners provided an ambulance for the use of PWA and young chronic sick patients. This ambulance and a Volvo which was provided by the League of Friends have been in regular, daily use.

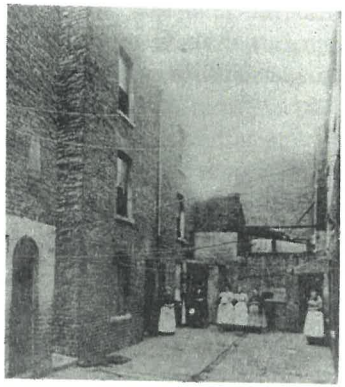
OFFICIAL REOPENING

92. It was Princess Alexandra who performed the official reopening ceremony for Mildmay and at the same time the opening of the Elizabeth Unit. This took place on 19 May 1988. Some 250 people gathered in the Buxton Hall, where Bishop Maurice Wood gave an address at the Dedication Service and others representing several denominations took part. It was particularly fitting that Princess Alexandra who had opened the extension in 1965 should

be present over 20 years later at the reopening: she has always shown a particular interest in this hospital, unique throughout its history and especially so in its development since reopening.

93. The ceremony marked what was in a sense the end of the beginning: Mildmay, risen like a phoenix from the ashes, was now established in its new way of life. In another sense it marked the beginning of what its supporters confidently expect to be a long life under its fresh status as a voluntary, charitable hospital. It is appropriate that this brief account of the origins and of the closure and reopening should end at this point. But the years that have elapsed since May 1988 already bear testimony to the vigorous growth and the spiritual vitality that mark the hospital's renascence as much as its original foundation.

Gertrude Villiers Stuart, one of the Deaconesses who cared for cholera sufferers in Bethnal Green.

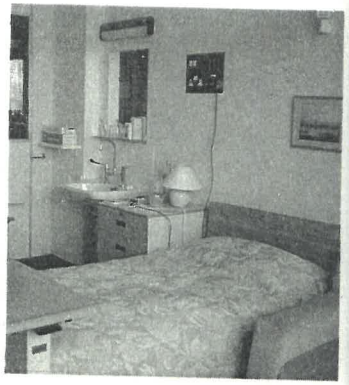


The environment around Mildmay in the 1890's.

Tankerville Ward in the 1930's.

Dr. Moss with a little boy who was dying of AIDS in Uganda 1991

Roof Garden/Conservatory at Mildmay 1990.



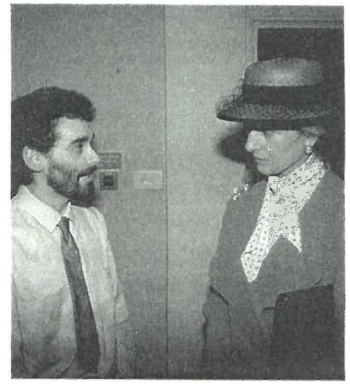
An individual room on Alexandra Unit (formerly Tankerville Ward) in 1992.

HRH The Princess of Wales on her first visit chatting to Martin who died afew weeks later.

Credit: Angela Reith

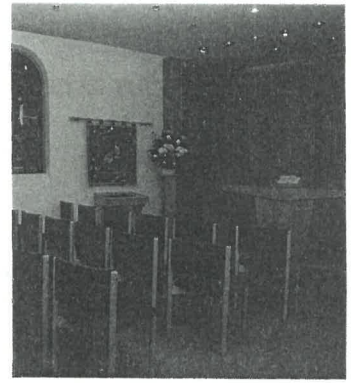
HRH The Princess Margaret talking to Flo, one of the first patients admitted to Mildmay after the re-opening in 1985, prior to the opening of the AIDS hospice *Credit: Angela Reith*

Mildmay as it is today, 1992 showing the Conservatory



HRH The Princess Alexandra at the reopening of the Hospital and the opening of the first AIDS Hospice in Europe, talking to Shane who died in Mildmay in 1992

Credit: John Cole



The Chapel on the site of the former Casualty Theatre.

New credit: Tiddy-Maitland-Titterton

Mildmay around 1900

APPENDIX I

SALIENT EVENTS IN THE LIFE OF MILDMAY

1914-18 COPING WITH WARTIME SHORTAGES

Mildmay battled on bravely against war-time shortages of doctors and of funds. Old bottles were collected, and old sheets cut up for bandages. Retired doctors helped out with part-time services.

1926 EXTENSION FOR NURSES' HOME

A fully-stretched Mildmay, treating some 50,000 outpatients and 1,200 in-patients each year (at a cost of about £10,000!) nevertheless found enough resources to build a new extension, and its foundation stone was laid by the Lord Mayor of London.

1938 NEW OUT-PATIENTS DEPARTMENT

Sales of work etc., by supporters continued to bolster finances, and a new out-patients department was opened by Her Majesty, the Queen Mary.

1939 TEMPORARY WAR-TIME EVACUATION – THEN BACK TO SHOREDITCH

After temporary evacuation (by order of the Government) upon the outbreak of war, Mildmay put in a special plea to return and had its doors open again in time for Christmas.

1940-41 THROUGH THE BLITZ

Mildmay was hard at work right through the blitz, and was practically unharmed, although adjoining warehouses and factories were flattened by Hitler's bombs.

1944 DOODLEBUG DAMAGE

Damaged by blast from a doodlebug which exploded close by, Mildmay was nevertheless able to join in the rescue work; there was no loss of life of patients or staff.

1946 UNDER NHS CONTROL – NURSING TRAINING PERMITTED TO CONTINUE

The passing of the National Health Service Act was associated with grave concern as to Mildmay's future. After a period of intense prayer, its nursing training school was permitted to continue under a special arrangement with the London Hospital.

1948 MILDMAY CHARTER RECOGNISED UNDER THE NHS ACT

Mildmay's noble original aims *"to heal the sick and to diffuse simple Gospel truth"* (which had been incorporated in a Trust Deed) were recognised by the National Health Service under Clause 61 of the NHS Act (1946). Mildmay was given representation on the Hospital Management Committee, with a say in staff appointments. The same year saw the formation of Mildmay's League of Friends.

1956 MILDMAY CONVALESCENT HOME

This was opened by the League of Friends in Ramsgate, but subsequently closed in 1959. The following year it was reopened in Worthing, where it remained until finally closed in 1985.

1965 HACKNEY ROAD EXTENSION

A major development, opened by Princess Alexandra. Apart from creating a fine, new foyer to the hospital, this had the effect of shifting the frontage from Austin Street to Hackney Road.

1974 NATIONAL HEALTH SERVICE REORGANISATION

Although at the time the medical work of the hospital was largely unaffected, this reorganisation heralded changes which led ultimately to rationalisation and closure.

1977 THE JACOB HOME

The Jacob Home for Nurses was opened. Shortly before this, Sir Graham Rowlandson House had been built (for doctors and nurses).

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APPENDIX 2

Medical Superintendents/Medical Directors

1892 - 1912	William Gauld
1913 - 1918	J. Llewellyn Thomas
1919 - 1921	Robert J. Saunders
1922 - 1939	Henry White
1939 - 1954	Alexander J. Watson
1954 - 1974	Kenneth Buxton
1974 - 1982	James Walker
1986 -	Veronica Moss

Matrons/Senior Nursing Officers/Directors of Nursing

1892 - 1895	Emily Goodwyn
1896 - 1919	Maud Cattell
1919 - 1948	Dora Woodhouse
1948 - 1956	Gwen Embleton
1956 - 1964	Mollie Mowll
1964 - 1980	Elizabeth Willcocks
1980 - 1982	Peggy Crispin
1985 - 1987	Elizabeth Willcocks
1987 -	Ruth Sims

APPENDIX 3

WHAT'S SO SPECIAL ABOUT MILDMAY?
- after all, aren't a lot of little hospitals being forced to close these days?

MILDMAY IS THE ONLY EVANGELICAL MISSION HOSPITAL LEFT IN BRITAIN

Its Charter is taken from the Bible:

"He sent them to preach the Gospel and heal the sick"

MILDMAY BELIEVES IN HEALING THE WHOLE PERSON – SOUL AS WELL AS BODY

The staff are all dedicated Christians and bring not only human concern but God's love in action. This results in a remarkably happy atmosphere. Hundreds of people have not only been cured of their physical problems but have had their lives changed for the better.

MILDMAY IS PERSONAL

Mildmay doesn't just process cases – everyone is a person. It is not a large impersonal institution, everybody matters and waiting times are at a minimum.

MILDMAY IS FINANCIALLY SOUND

It has kept within its NHS budget much better than the big hospitals. Yet the NHS want to close it down and extend big hospitals' facilities.

MILDMAY'S MEDICAL AND NURSING STANDARDS ARE ACKNOWLEDGED TO BE VERY HIGH

There has been no lack of dedicated and talented staff, until the NHS decided not to fill key vacancies, and many ex-patients compare Mildmay's standards favourably with those of larger hospitals.

MILDMAY DOESN'T TURN PEOPLE AWAY

Until forced to close down, Mildmay kept an open door for everybody, including the cases that other hospitals couldn't find time for. That is why so many local folk return here for services and regard it almost as their Church.

MILDMAY'S INFLUENCE HAS SPREAD WORLDWIDE

Hundreds of doctors and nurses who trained at Mildmay have become missionaries and spread their healing skills and the Gospel message all over the world. For many missionaries have relied on Mildmay's special skills when they themselves needed treatment.

MILDMAY IS TOO VALUABLE TO LOSE

It has won respect and affection in a deprived area for four generations. There is nothing to take its place. The local clergy, and many Christians at home and abroad, are uniting in an appeal for Mildmay's work to continue. It would be in the best interest of the NHS to keep this exceptional hospital open simply for health reasons, and Christians are concerned to maintain its Christian character. Urgent consultations are taking place with Christian organisations who would be prepared to help – so long as Mildmay's future is assured by the Government.

The ultimate decision whether to close or reprieve Mildmay rests with the Minister.
Appeals to the Minister are being prepared, and he is expected to receive a deputation.
Meanwhile, this is how you can help:

Pray for Mildmay, and ask others to do likewise

Write to your MP, and send a copy to the Minister

Write to local or national newspapers

APPENDIX 4

WHAT THE LOCAL PEOPLE SAY:

I am very impressed by the splendid treatment I received. I feel sure that if the Hospital is closed it will be a terrible tragedy for us all who live in the vicinity. *Agnes, Senior Citizen*

They are so efficient in there. *Kate, Local Shopkeeper*

The longest time I had to wait was 15 minutes. The Mildmay is run for the convenience of the patients. *David*

You are not just a patient and number, but a person.
E.W.D., Senior Citizen

Surgeons, doctors, sisters and nurses treated you as a friend. You were never made to feel afraid.
There was always a smiling face when they opened the door to you.
Sara, Senior Citizen

It's the first place you think of taking the children if they have an accident in the playground. *Pauline, young mother*

If you were feeling nervous you lost it all as soon as you went in. You were made to feel at ease. *Elsie, Senior Citizen*

The love and attention you got from the staff was wonderful. A Christian Hospital is what we need in our district.
Carrie, Senior Citizen

If a child has an accident you can just run them round to the Mildmay. No one ever says "You shouldn't have come".
Local Headmaster

Small well run hospitals like the Mildmay can deal much better with many health problems of a not too serious nature than a larger hospital. *David*

I have worked in other hospitals. None gave me the love and attention as did Mildmay. I was not just a cog in the wheel, but a human being. *Ann*

Words cannot express the love and kindness I received. I thank God for the love that was given to my mother in the last weeks of her life.
Sarah

Chief Patrons of Mildmay Centenary Appeal
Esther Rantzen and Desmond Wilcox

Chairman of the Centenary Appeal Committee
Viscountess Brentford FCA
Credit: Paul Joynson-Hicks

VISITORS TO MILDMAY INCLUDE:

The Archbishop of Canterbury and Mrs Carey

Mrs. Margaret Thatcher when Prime Minister and Ruth Sims

MOVING FORWARD FROM 1988

BY VERONICA MOSS

New Directions

The AIDS Hospice Unit opened on February 28th 1988 with 4 beds on the newly refurbished and re-named Elizabeth Ward. It had been named after Matron Elizabeth Willcocks who had worked so hard for the reopening of the hospital and who was shortly to retire. The old name Coventry Ward was felt to be unsuitable now with its association with the common expression *"being sent to Coventry"*.

Our first patient arrived for respite care on the day of the opening and, as he was the only one, received a great deal of attention and care – so much so that he felt overwhelmed and decided to go home again after a day or two! He assured the team he felt much better already! He returned to us some weeks later for respite care and later for terminal care. His final admission lasted a couple of months and he became a much loved and cared for member of the Mildmay family.

Our second patient was a young woman in her 20's (we will call her Tricia). She was a drug-user who was used to having to fight for survival (whatever she could get out of the system). Her childhood had been marred by incest and abuse. She became an intravenous drug user in her early teens and, probably by the time she reached 20, she had been infected by HIV. She was now terminally ill with AIDs.

She was with us for approximately six weeks before she died. Initially she was very suspicious, sometimes manipulative or rude, unused as she was to being able to trust anyone. She gradually learnt to trust, to relax and in her own way, to blossom in response to the care that was offered to her. She learnt to love the 23rd Psalm which she would ask to have read to her, especially at night when she was afraid to go to sleep.

As the number of patients referred to us grew, we soon found ourselves also providing rehabilitative care.

Some patients referred for terminal care recovered unexpectedly though temporarily, and would begin to take up the

threads of their lives again with appropriate help from different members of the team.

It was increasingly obvious that our patient-centred approach with the standard of care we offered in terms of symptom control, nursing care and the skill of the counselling, pastoral and therapies teams, could profoundly affect the mood of the patient and therefore also his will to live.

Suspicion and Fear

Prior to opening the unit we had been the objects of a great deal of suspicion expressed chiefly by the weekly newspaper Capital Gay. Our Christian roots in the evangelical wing of the Church gave rise to worries in the gay community that we had a *"hidden agenda"* – that of *"getting-at"* or condemning and seeking to convert homosexuals. They felt that it would be impossible for Christians to care for people with AIDS without making assumptions about their life-style and condemning them for it. We responded by inviting those who were expressing these fears to visit us to discuss their concerns with us. We asked them to give us a chance to prove that what we were offering was *"a safe haven"* where all would be accepted and cared for. Those who were committed Christians among the staff would express their faith in practical ways through high professional standards of care and through loving acceptance of each individual patient.

Support Replaces Suspicion

As time went by and more patients and those surrounding them had experienced the care offered at Mildmay, it became unnecessary for Mildmay to defend itself. Ex-patients, their partners, friends and families spoke up for us, refuting unfounded allegations and suspicions.

Quite quickly Mildmay became known and appreciated, and we received a great deal of support from such organisations as the Terrence Higgins Trust, the first AIDS charity in the UK, and Front-Liners, a self-help organisation for people with AIDS.

Official Opening

On May 19th 1988 Princess Alexandra came officially to re-open Mildmay Mission Hospital, and to open Elizabeth AIDS Hospice Unit for the first time. She met long-stay residents on Mathieson Ward, our unit for chronically sick and disabled people, as well as patients on Elizabeth. It was a day of excitement, looking back with gratitude to God for His guidance and support through almost 100 years of Mildmay's history, and looking forward to further developments as Mildmay took up new and modern challenges in His name.

Consolidation

During the rest of 1988 the team learnt to work together, to respect each others' skills and expertise, and to liaise increasingly with the referring teams and carers in the community. Our reputation for providing good care meant that increasing numbers of patients were referred to us. It became clear that more beds would be required for people with AIDS than our provision of 9, and after discussions with the Department of Health, it was decided to allocate Tankerville Ward for this purpose. Tankerville had been partially re-furbished when Elizabeth was being refurbished, but had not, until then, been allocated to AIDS palliative care. Plans were completed with one end of Tankerville Ward area being allocated to a possible Day Centre, and the other to provide 8 single rooms. Final refurbishment work started at the beginning of 1989.

Day Centre and Home Care Provision

The need to provide Day Centre facilities and a Home Care Service had yet to be established. In order to research the need a senior nurse was appointed in the Spring of 1989. During the next few months she visited day centres and home care teams in cancer hospices, HIV-related home care teams, and talked with people with AIDS, carers in the community including local GP's and began to formulate plans for our own services. These were launched in October 1989 and after a fairly slow start now serve a large number of people who live in the East End of London.

Answers to Prayer

Building projects and refurbishment work have a tendency to cost more than originally estimated even when undertaken in faith! In the summer of 1989 Mildmay had accumulated a deficit of £300,000. All refurbishment work had been stopped, and plans to move forward halted. An urgent day of prayer was called. Members of the Board and the Senior Managers of the hospital set aside a day in which to seek God's guidance and help. Helen Taylor-Thompson already had a prior engagement to visit the officers of the North West and North East Regional Health Authorities. On her return, in the afternoon, she brought the welcome answer to our prayers – the Regions had promised grants which equalled our debt! Having prayed for guidance, and received such an immediate and overwhelming answer to our need, the Board and hospital management team felt it was right for us to proceed with the refurbishment of Tankerville and the plans for a Day Centre and a Home Care Team. The team were recruited and the Day Centre and Home Care service opened with a tea-party in October, with Tankerville opening to take in-patients in November 1989.

Visit of Her Royal Highness, The Princess of Wales

We were given 10 days notice of Her Royal Highness, the Princess of Wales's wish to visit us on 24 February, 1989. Of course, we were delighted! As the day approached arrangements were made with the Palace rota for press coverage, the sniffer dogs were taken round and the patients were asked if they wished to meet her. Most of them did – but not in front of the cameras! One patient, Martin, however decided he wanted to give her a bunch of flowers and be on television. His reason was, apart from meeting the Princess, to be seen publicly on TV so that his mother and sister should see him. He had lost contact with them 4 years previously due to a row; he had gone away and they had moved. When he wrote to them the letters were returned marked *"unknown at this address"*.

On the day, Martin proudly presented Her Royal Highness with the flowers when she reached the Day room of the Elizabeth Unit and sat down with him for a chat. She complimented him on his

new bright red spectacles which made everybody laugh as he had bought them very cheaply just a few days earlier. The Princess then visited most of the other patients in their rooms, each one being introduced by one of the nurses. Afterwards, they all spoke highly of her warmth and genuine interest.

Martin's family contacted Mildmay within half-an-hour of the broadcast of the visit and came to see him soon after. He died 10 days later, reconciled with his family and with God. He said, during an interview for television: *"These people have given me back the will to live. That is the greatest gift anyone can give".*

Soon after Martin's death we received a photograph of Her Royal Highness and Martin with the inscription: *"To Martin, thank you for my beautiful flowers, Diana".* Sadly, we had to inform her that he had already died. The Princess wrote to say that we should keep the photograph to put up on the unit; a copy was also sent to his mother.

Princess Diana visited again in November 1991.

Other Visitors

As the work of Mildmay with people with AIDS developed and its reputation grew, so it attracted more and more visitors. There was a constant stream of healthcare professionals from the UK and abroad wishing to see, discuss and learn about our work and about care for people with AIDS. Many were channelled into monthly, then weekly, open afternoons where groups of 40-60 could see slides, meet members of the team and discuss their particular concerns over cups of tea. Others required more personal discussion and many were offered a week's work-placement to learn first-hand about caring for people with AIDS.

This is now established as part of the educational work of Mildmay which also takes small numbers of students on attachment to the different disciplines.

It was sometimes difficult for visitors to understand that it was necessary for us to protect our patients from being stared at, having their privacy invaded by groups of *"viewers"* or being made to feel as though they were in a zoo. We provide as home-like a setting as possible, and many of our patients do not wish to be seen, fearful as

they are of breaches of confidentiality, through the media. Their previous experiences have taught them that breaches of confidentiality can have devastating consequences for themselves or their families and friends.

Some visitors who were taken round to meet patients (if the patient wished to meet the visitor) were much affected by their experience. Mrs. Margaret Thatcher, the then Prime Minister, visited during 1989; she had to compose herself before going on to see the next patient, having spent some minutes in the room of a patient who was dying (in fact he died 2 days later). She was sensitive and showed genuine interest, spending considerable time listening to individual patients.

Other visitors included Dr. David Owen and Mrs. Virginia Bottomley, shortly after her appointment as Minister of Health. Soon after his appointment as Archbishop, Dr. George Carey and his wife Eileen visited and spent much time in a very relaxed way talking with individual patients. The Duchess of Kent visited during 1990 and created a very happy impression with her relaxed beauty, charm and wit. The patients and staff warmed to her and enjoyed her visit very much. She promised to return at some time in the not too distant future.

Cliff Richard also visited prior to giving an evening concert and personal testimony to his faith at a dinner held in the Duke of York barracks. This was a very successful event which raised £20,000 for Mildmay.

Her Royal Highness, the Princess Margaret's visit in 1990 was also a happy occasion and resulted in a contact with her friend Mrs. Judith Peabody in New York. She has been active in the AIDS scene there for some years. She gave us contacts and set up extremely useful appointments for us when we visited New York in May 1990. This was a week's study tour to learn about the presentation of HIV and AIDS in women and children, and about the surrounding issues as part of our ongoing research into their needs.

DEVELOPMENTS IN CARE, ESPECIALLY FOR WOMEN AND CHILDREN

BY RUTH SIMS

Women's Day At The Day Centre

In the summer of 1991 at the request of women with AIDS we designated Tuesdays a 'Women Only' day at the Day Centre. The women said they would feel safer to 'be themselves' and talk about deeper issues in an 'all women's group'. We were able to take up to ten women on any one day and within a month we had referrals for twelve women. Some of the women had small children who accompanied them to the centre, and whilst Mum had a break they were looked after in the playroom by a trained nursery nurse provided for us by Barnardos.

This new development created a large amount of media interest. Most of the offers for publicity had to be refused, however, as some of the women had had bad experiences with the media, i.e. TV and press. They feared the results if neighbours, schools etc. found out about their HIV status. Our first priority has been and always will be to protect our patients' rights to privacy and confidentiality.

The women have planned a programme of activities for themselves, which includes many days 'out' and visits to places of interest.

If the demand for this service continues to increase we are considering offering a second day for women only at the Day Centre.

Family Care

As early as 1987 we were meeting the occasional mother with HIV disease who expressed great fear of being temporarily, through acute illness, or permanently through her own death, separated from her child or children. Most of the women we encountered were without a partner, although some did have family or friends who would help in an emergency.

For the first 2 1/2 years 1988-1990, we cared for only 5 female patients, but following that we have seen a rapid increase in the numbers of women being referred to us. In 1990 the women's self-help group POSITIVELY WOMEN had contact with over 300 women who were HIV positive, most of them living in and around London.

In 1989 the idea for a Unit was born, a centre where women could be cared for with their children, where families could stay together when one or more of the family was ill. Any parent who has been separated from small children will know how painful it is. Imagine separation when one or other is ill and facing death. We talked with experts in the field of care for children with HIV disease from Great Ormond Street. We visited Children's Hospices and we visited a facility for Women and Children in Edinburgh.

We were fortunate enough to be offered specific funding by The Andrew Mitchell Trust to enable us to visit the Bronx and Harlem districts of New York to learn from their situation and to discuss our plans with patients and carers there.

The result of these consultations is that we plan to make provision for palliative care i.e:

Respite care from the community
Rehabilitative/convalescent care from acute hospitals
Terminal care from both
For families, enabling them to stay together.

It would NOT be:

A hospice for children with AIDS
A centre offering acute care
A residential unit for children with AIDS

It would be a centre primarily supporting community care, with the aim of providing periods of residential non-acute care which would enable families to be maintained in the community.

Our experience is that, no matter how inadequate or inappropriate we would consider the housing, the majority of women would prefer to be 'at home'.

Mildmay Working with Barnardos

During the summer of 1991 discussions took place with directors and staff of Barnardos. They were keen to become involved in our

women and children's project. The final plans should be completed for this Unit to open in September 1993.

We were fortunate enough to have an ideal site for the unit. Sir Graham Rowlandson House (SGR), the nurses' home, was now underused as more nurses were able to find accommodation 'off site'. If it were redesigned and refurbished or demolished the site could provide all we needed and was in an ideal situation, being adjacent to the main hospital block. As already mentioned, Barnardos are working with us on the Day Centre, and discussions have taken place regarding input from them when the family unit is open. This would be on matters relating to fostering and adoption.

Site Development

At the present moment negotiations are taking place regarding the purchase of land which fronts Mildmay on the Hackney Road.

The Andrew Mitchell Christian Charitable Trust has paid for plans to be drawn up to use the land for the following purposes:

- A purpose built Day Centre
- A Therapies Centre – Occupational therapy, Physiotherapy, Art and Music therapies, with hydro therapy pool.
- A new Education Centre
- Sheltered housing for people with AIDS

Educational Development

Following a very successful study tour of Sub Saharan Africa to look at the resources available for the care of people with advanced HIV disease, we have been approached by the Overseas Development Administration with a view to Mildmay being involved in:-

a) receiving students from Africa for educational programmes;

b) periodically sending a team from Mildmay to teach in Africa.

Proposals are being forwarded now to the ODA.

It is a privilege to work in this exciting new field of care and we are grateful to God for the opportunities he gives us of sharing with others in this country, in Europe, in America and now in Africa.

And so, the influence of Mildmay, this small, but rapidly developing centre for the care of people with AIDS, is spreading across the world.

TO GOD BE THE GLORY

PERSONAL IMPRESSIONS OF THE LAST 40 YEARS AT MILDMAY

BY THE CHAIRMAN OF THE GOVERNORS,
HELEN TAYLOR-THOMPSON

1952 was to be a momentous year for me, the start of a long friendship with Mildmay. Mrs. Commissioner Hugh Sladen, a childhood friend of my mother, asked me if I would join the house committee of Mildmay Mission Hospital. Being young, having worked with Tom Rees the evangelist and running a family business were my qualifications for being elected. I personally was thrilled with anything to do with medicine. Doctors and hospitals fascinated me. I had always wanted to be a surgeon, but that was not to be – this was the nearest I could get! There were surgeons and physicians of high repute serving on the committee at that time, and working with them gave me much-needed experience.

After a short time I was asked to represent Mildmay on the Hospital Management Committee, a government committee which was responsible for five hospitals in the East End. In spite of the many changes that took place over the next few years I was still able to remain on the committees and continued to represent Mildmay. It was at this time that Elizabeth Willcocks applied to the Hospital Management Committee for the position of Matron at Mildmay. She not only got the job but became a force within the hospital. We became firm friends and were able to work together in the difficult times that lay ahead. In the 1970's, when house committees were abolished I was asked to become the Chairman of Mildmay, but this was a largely honorary position with little power. I therefore decided to form what was to become known as the Hospital Advisory Council and join it to the League of Friends, so that it would be unaffected by any subsequent changes. My thought at the time was for the staff to have a platform to voice their joys and sorrows, but it turned out to be the driving force to reopen the hospital.

Mr. Michael Alison who was a junior Health Minister in the early 1970's advised me to endeavour to become a member of the Tower Hamlets Community Health Council as he felt this would be the best place to take any problems. The CHC members are all democratically elected and it was for me to make myself known to

the voters. No one was more surprised than me when I gained enough votes on the first round. It was then that I began to see signs that all was not well and that the authorities had it in mind to slowly throttle the hospital, by removing one speciality after another until it was no longer viable. However, in spite of other large hospitals in the district such as the London Jewish closing down, Mildmay still remained.

After serving my time on the CHC I was asked by the Region if I would agree to join the new District Health Authority that was being set up. I felt that was the role in which I could best help Mildmay.

Life in the DHA was busy, sitting on appeals, chairing appointment committees and of course attending monthly meetings which were sometimes long and difficult. I made many friends and contacts during this time, a time when Mildmay's life was hanging in the balance. Many people felt Mildmay had had its day and that we should all agree that its work was finished, with gratitude for all the wonderful work that had been accomplished in its long history. But I could not accept this, and with a small band of similarly minded people the HAC was instrumental in organising the march to Trafalgar Square, the deputation to the Minister and, after the hospital was closed, all the negotiations which led to reopening.

Shortly before the march I felt strongly that I couldn't manage practically alone. I needed help. As I was going down the stairs at home, I prayed that someone would link up to help, in particular with the correspondence that I knew would be required. When I reached the last stair, the 'phone rang and an unknown voice asked if he could be of any assistance. Lawrence Twinam, the father of a Mildmay nurse, had not only the time and ability but was able to use resources at his office after hours. He was the first of several who lent their services to the campaign for saving Mildmay.

During this time I was stopped one day by a nurse in the corridor of the hospital, who asked if I had ever thought that instead of trying to remain in the NHS we should go it alone. I replied, what I really believed at the time, that we could never raise the money to keep the hospital afloat. She then said that if it was the Lord's Will, the money would materialise. Her faith was far greater than mine.

Each week, during the period of closure a prayer meeting was

held in the lunch hour. Lucy, a faithful domestic, now working at the Royal London, cycled over regardless of the weather and missed her lunch to join us to pray for the reopening of Mildmay.

Basically only a few people wanted Mildmay to rise from the ashes and every possible difficulty was put in our way. One instance stands out in my mind. I was going to a particularly difficult meeting which was to determine whether our feasibility study should go forward to the DHA. As I drove to the London Hospital where the meeting was to be held, a picture from a childhood book came into my mind. I saw Daniel sitting on a rock with the lions prowling around with their mouths firmly shut and underneath the caption *"And God closed the mouths of the lions"*. As I reached the basement before the others (we had met to pray earlier), I turned the lights on and felt I must pray again. I walked round the room and asked that the Holy Spirit would fill the whole place and be present at the meeting. Down all the officers came, all seemed very silent and ominous, Mildmay one side of the table and the *"lions"* on the other. The Chairman made a few opening remarks and said "you have seen and read what is being proposed, have you any comments?" Round the table he went and all nodded agreement (except for a minor point) and a few minutes later we all left. Within days, Mildmay was allowed to reopen.

Work then had to start on the hospital. Elizabeth Willcocks agreed to return to the hospital for two years, not longer. She had been at the Mildmay Convalescent Home in Worthing until its closure and felt we needed new blood, but she believed she could start us off. The hospital was in a terrible state and first had to be cleaned before any refurbishing could be undertaken. Ruth Leach, who had worked at Worthing, Elizabeth and I put on our rubber gloves and started scraping!

In due course, the first patient was brought in. Fourteen months later, I was approached by CARE TRUST asking if we would consider taking a few cases of people with AIDS. Some Christians were taking a negative attitude and the best way to show the Love of Jesus was to care for them. I discussed this with Matron Willcocks and our new Medical Director, Dr. Moss, the District General Manager and others from the District, and received a very positive reaction.

Next, I asked the Members of the Board for their opinion. It had to be kept very confidential until the final decision was made. Some members were not completely sure. Might we lose the patients we had, would we be able to get the nurses, etc., etc.? I shall never forget one member saying: *"All we have to be sure of is God's Will. We may have a very difficult time ahead but that really doesn't matter"*. I suggested then that all members went back home and prayed. Our criterion has always been *"what would Jesus have done in a similar situation?"*. The answer was clear – yes, we would refurbish Coventry Ward (changing its name first!) and nine separate rooms for PWA were planned. During this time we still had no one to take Matron's place but a number of applicants for the position had applied, many of them with just the right qualifications. However, one morning while I was talking with Matron Willcocks, Dr. Moss came in and introduced a Mrs. Ruth Sims, who was contemplating applying and had come to look round. After she had gone I said to Matron *"we don't need to look any further, I am sure she is the right person!"* The closing date was getting near but her application form had not been received. However, on the last post before the closing date, in spite of a postal strike, we received it. A few months later Mrs. Sims started work at the Mildmay.

Due to ever-increasing numbers of people with AIDS it was decided to use Tankerville Unit for these patients and incorporate a Day Unit. This would enable patients to continue living at home and release their carers to continue their work. Mathieson still continued to look after the young chronic sick, but through lack of statutory funding our resources became more and more depleted, so when a number of patients died we all wondered what God was telling us. The right staff were also extremely hard to recruit. I always felt that as Mildmay was becoming wellknown in the AIDS field, Dr. Moss renowned for her symptom control methods and Mrs. Sims for her knowledge in caring for the dying, we should concentrate on that particular work to which we were obviously suited.

Right from the beginning of the life of the new Mildmay, finance was always a problem. Many people were waiting for us to fail, so that the hospital building could be sold and the money ploughed back in to the NHS. The verse I had always clung to was *"Let your light so shine that men see your good works and glorify*

your Father in Heaven". To allow Mildmay to fail would not do that. The world was watching and waiting and some were not willing to help. Many a time my heart nearly failed me as humanly speaking we couldn't possibly manage to run a *"business"* with so little capital behind us, but one miracle after another enabled us to continue. Our beds were being used and many patients found peace before they died. Some were baptised, but always the same message came through: people were impressed by the love and care that was given to the patients, their relatives and friends. The rest was left to the Holy Spirit to work in the hearts of those we looked after.

In the latter part of 1990 we had disturbing news: it was estimated that by the end of the financial year (March 1991) our deficit would be £800,000 – and we were subsidising Mathieson by £20,000 a month. Management and the Board of Governors together met to discuss this problem and we all agreed that Mathieson would have to be closed. This meant making 20 staff redundant, freezing all posts, saving even more than we had in the past, stopping any further developments that we had in the pipe line, and, of course, continuing to pray and fundraise.

We also called a Day of Prayer and at that meeting I remember vividly the verse that came to me *"Prove me now herewith and I will open the windows of heaven and pour out a blessing, that there shall not be room enough to receive it".* It seemed that God had been trying to show us that he wanted us to enlarge our involvement with AIDS. In December 1990 Mathieson closed. The money and help started coming in. The attitude of many changed towards our work; in fact benefactors started to join us, not just by donations but by paying for a PR firm and much more besides.

Right from the start of our plans for Mildmay, Malcolm Martin, a Chartered Surveyor who was one of the original Governors, had a vision of the surrounding land being used to complement the work of the hospital. At that time the land was not for sale, and indeed we had no money with which to purchase it. Over the years I often wondered if anything would materialise and now with discussion with Region and others there are real prospects of something happening. God's timing is always right, though sometimes I have become impatient.

As Chairman, my role would not normally include fundraising, but right from the start it fell to my lot to help to bring in the money. Some of this was achieved by buying through wholesalers and preparing the lunches for seminars, sometimes catering for up to 250 people. At other times it was through organising jumble sales, coffee mornings and so on. But most of all it involved meeting and talking with those engaged in business, Livery Companies, government departments and Trusts, charities involved with AIDS, in particular AIDS CRISIS TRUST and CRUSAID, many of whom have been extremely generous.

In 1992 the centenary year, we are launching an appeal for £10m with numerous activities taking place up and down the country, ending with a Thanksgiving Service at St. Paul's Cathedral. Joan Hook, who helped with secretarial work at the Thanksgiving Service at St. Paul's shortly after the reopening and subsequently became my much-valued personal assistant, is still with me and will, we trust, be there to celebrate the second Thanksgiving also.

There is so much needing to be done. It is exciting to see the wonderful way the Lord has guided us over the years. The fields are indeed white, not only in this country but throughout the world. Through our department of education we can help many more people in other lands. Cries of help come from far and wide and whenever possible we try to meet them.

Mildmay has a New Look. Professionalism is essential and standards must be high in order to maintain registration. But the gospel message we give remains the same, even though the presentation may be different from what it was 100 years ago. Never in my wildest dreams, when I was working to reopen the hospital, did I ever envisage that Mildmay would become the model for caring for people with AIDS and that it would be known nationally and internationally. The little acorn has grown into a strong and healthy sapling.

One does sometimes, after especially long and arduous hours of work, become dispirited, but it never lasts long. You only have to walk the corridors and talk with staff and patients for the adrenalin to surge back and give one the necessary energy to go forward. There is still much to be accomplished and I look forward to having a part in it.